



Department of Health and Human Services Division of Public and Behavioral Health

New Legislator Training

Brian Sandoval, Governor

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Governor Sandoval's Planning Framework

Vision

To be a recognized leader providing health resources and quality services to our diverse community through innovation and dedication.

Mission

Our commitment is to protect and promote the public's health and well being.

Values

Action

Collaboration

Courage

Opportunity

Optimism

Pride

Strategic Priorities

Sustainable and Growing Economy

Educated and Healthy Citizenry

Safe and Livable Communities

Efficient and Responsive State Government

Core Functions of Government

Business Development and Services

Education and Workforce Development

Health Services

Human Services

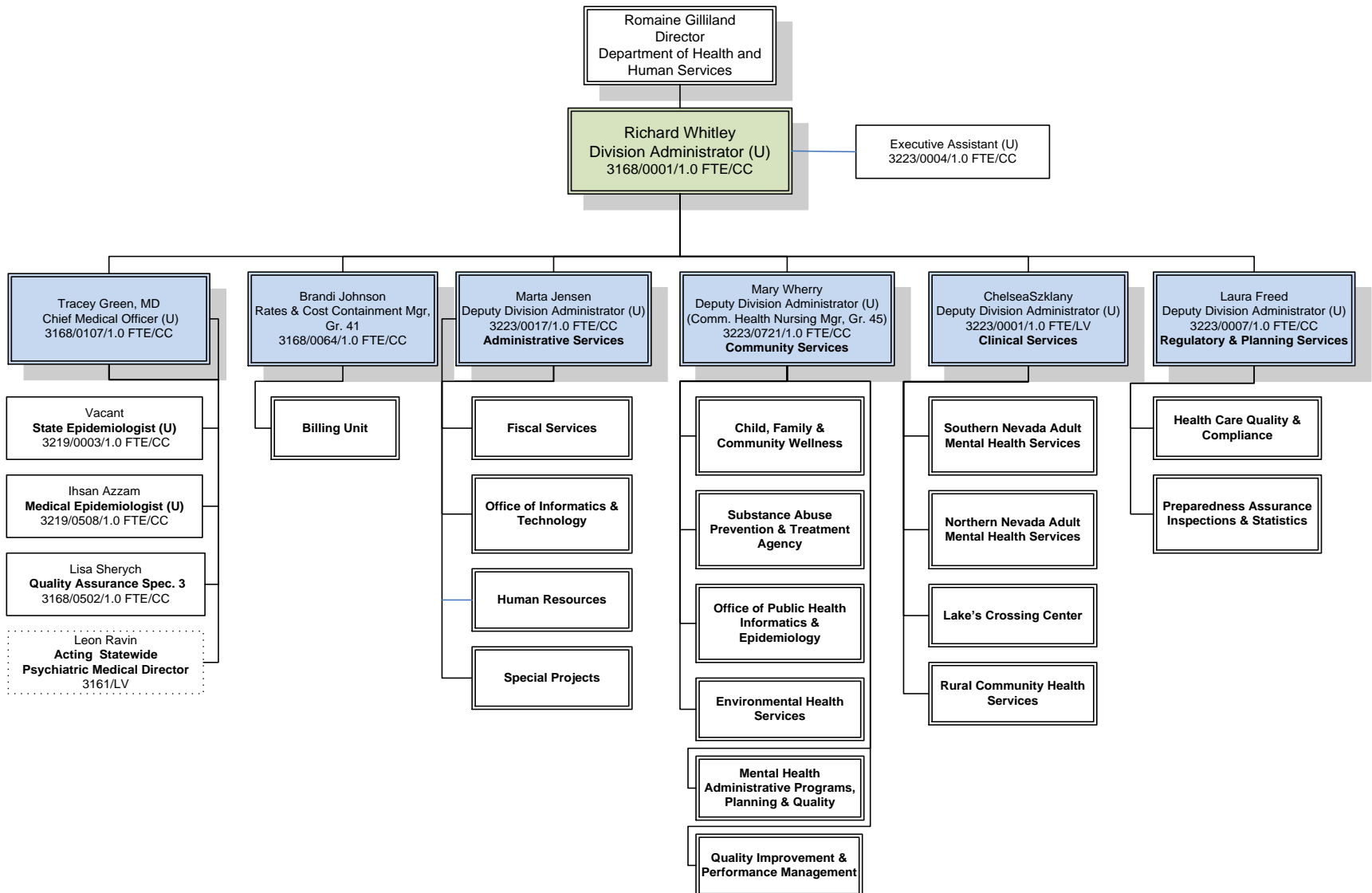
Infrastructure and Communications

Public Safety

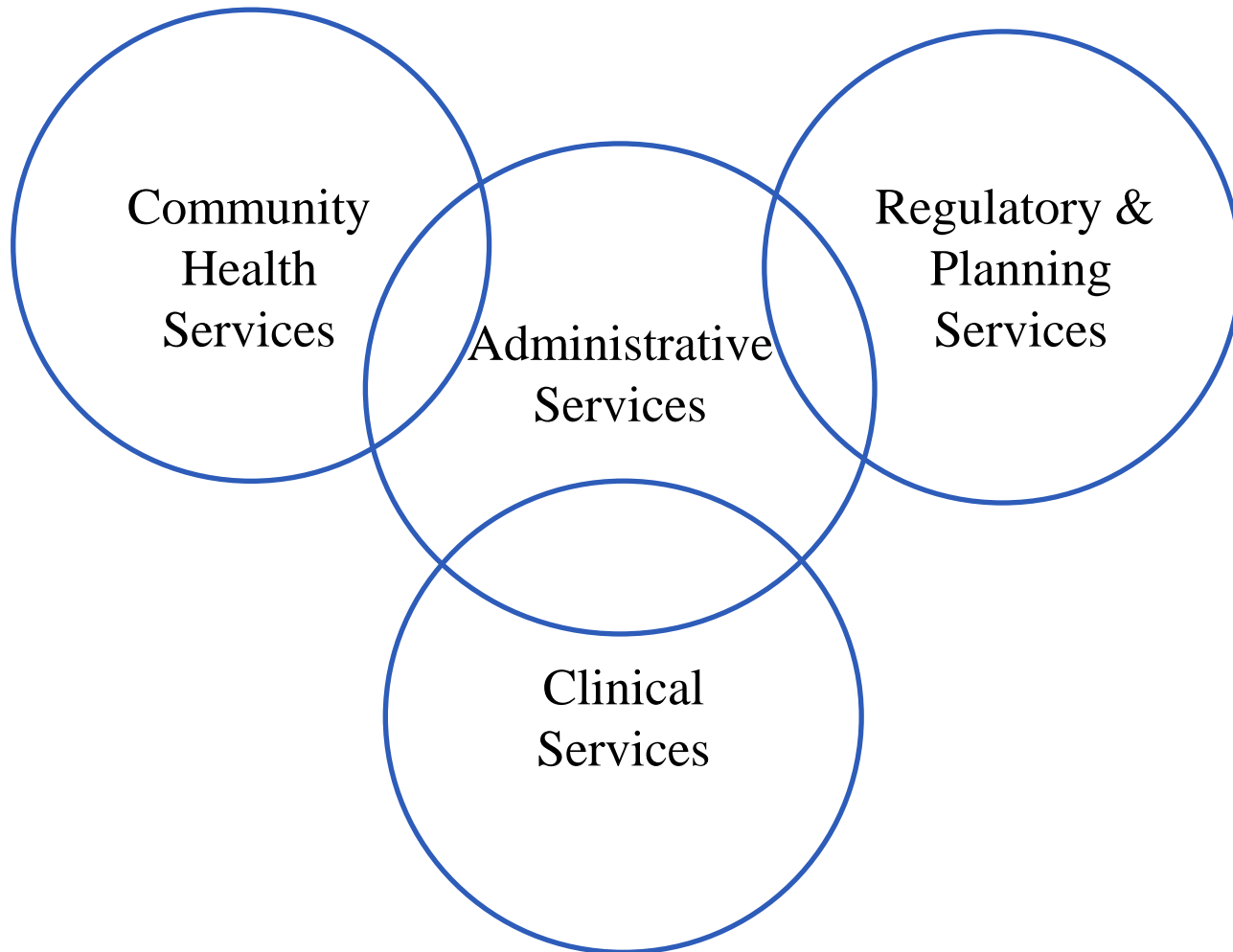
Resource Management

State Support Services

Organizational Structure



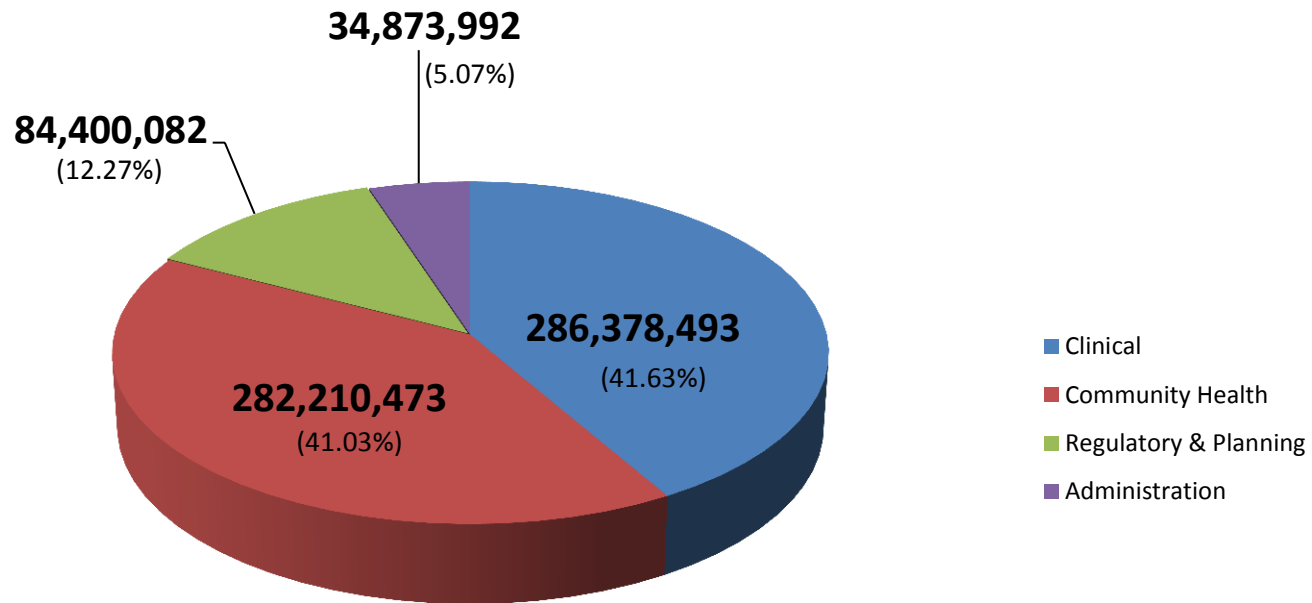
Agency Operations



DPBH Full Time Equivalent Positions

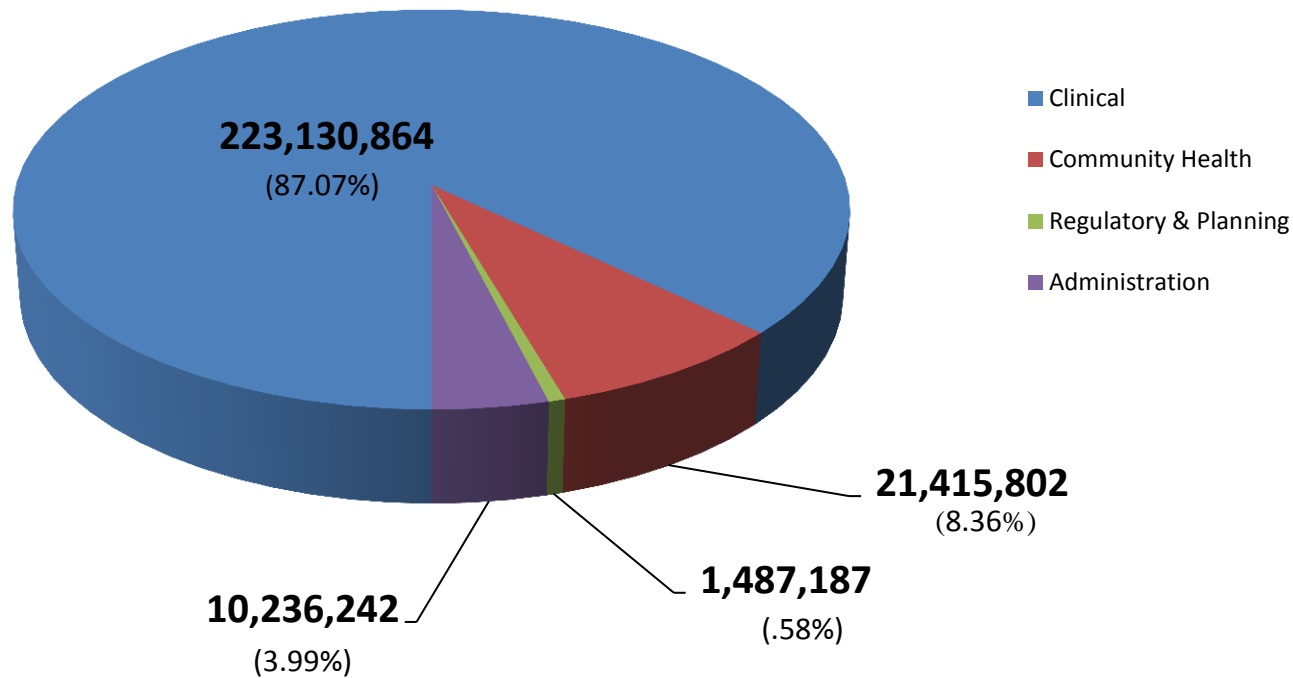
Administration		FY14	FY15	Clinical Services		FY14	FY15
3168	Mental Health Admin	37.00	37.00	3161	S Nevada Adult Mental Health Svcs	678.06	678.06
3223	Office of Health Admin	46.00	46.00	3162	N Nevada Adult Mental Health Svcs	248.89	248.89
3164	Mental Health Information Systems	19.00	19.00	3224	Community Health Services	29.00	29.00
Total		102.00	102.00	3645	Facility for the Mental Offender	112.59	112.59
				3648	Rural Counseling and Supportive Svcs	113.03	113.03
				Total		1,181.57	1,181.57
Community Health		FY14	FY15	Regulatory & Planning		FY14	FY15
3153	Cancer Control Registry	9.00	9.00	3101	Radiation Control	22.00	22.00
3170	Substance Abuse Prevention & Treatment	25.00	25.00	3149	Child Care Licensing	20.29	20.29
3194	Consumer Health Protection	20.51	20.51	3152	Radioactive Waste Fund	-	-
3213	Immunization Program	14.00	14.00	3190	Health Stats and Planning	13.00	13.00
3214	Women, Infants & Children	18.00	18.00	3216	Health Facilities Hospital Licensing	92.02	92.02
3215	Communicable Diseases	10.00	10.00	3217	Health Facilities Admin Penalty	-	-
3219	Biostatistics and Epidemiology	24.00	24.00	3218	Public Health Preparedness Program	21.00	21.00
3220	Chronic Disease	21.00	21.00	3235	Emergency Medical Services	7.00	7.00
3222	Maternal Child Health Svcs	18.51	18.51	4547	Marijuana Health Registry	16.00	16.00
3255	Alcohol Tax Program	-	-	Total		191.31	191.31
Total		160.02	160.02				
						FY14	FY15
					Total DPBH FTE	1,634.90	1,634.90

DPBH Total Budget 2014-15



Total Budget: \$687,863,040

DPBH General Fund 2014-15



Total General Fund: \$256,270,095

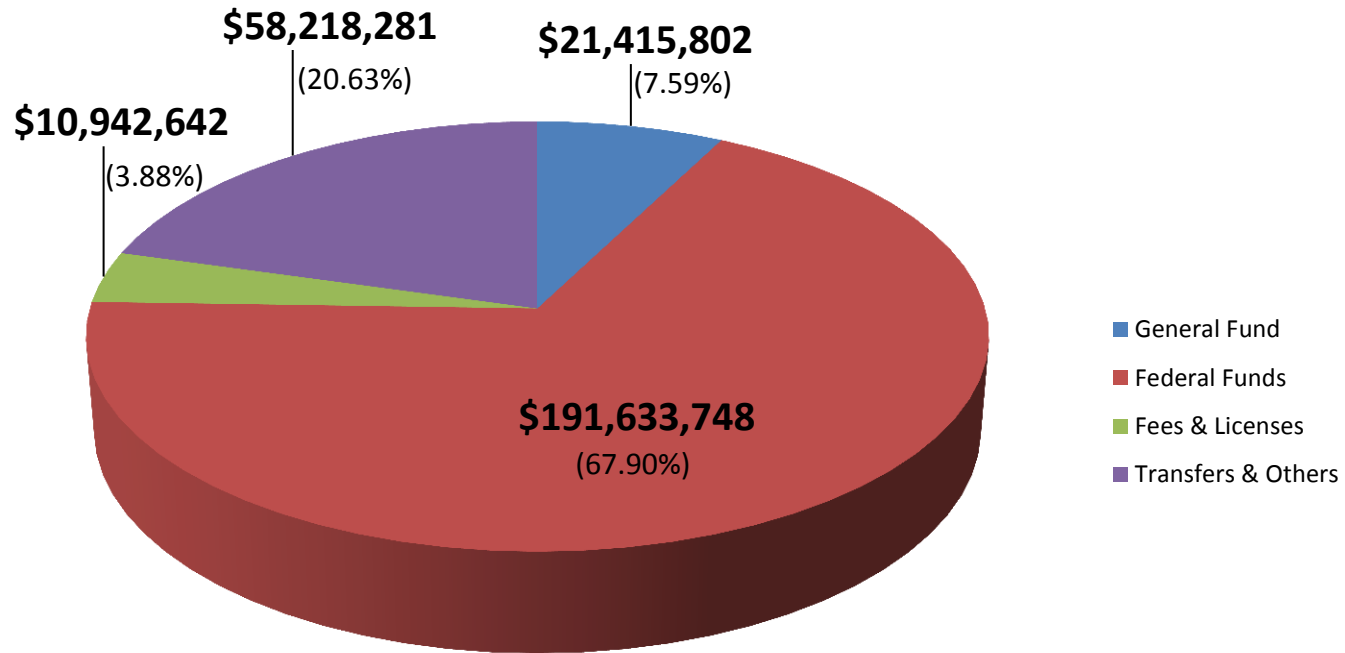


Community Health Services

The Community Health Services Branch of the Division has a mission to improve the public and behavioral health in Nevada through the application of population-based health promotion programs, policies, and strategies. This is achieved through transparent and open communication, funding resources, technical assistance, and training for service providers and public health providers.

The following programs partner within this branch: Office of Public Health Informatics and Epidemiology, the Bureau of Child Family Community Wellness, the Chief Biostatistician, the Substance Abuse Prevention and Treatment Bureau integrating with Mental Health grant management and community development, Environmental Health Services and quality improvement.

Community Health Services Funding Sources 2014-15



TOTAL FUNDING: \$282,210,473



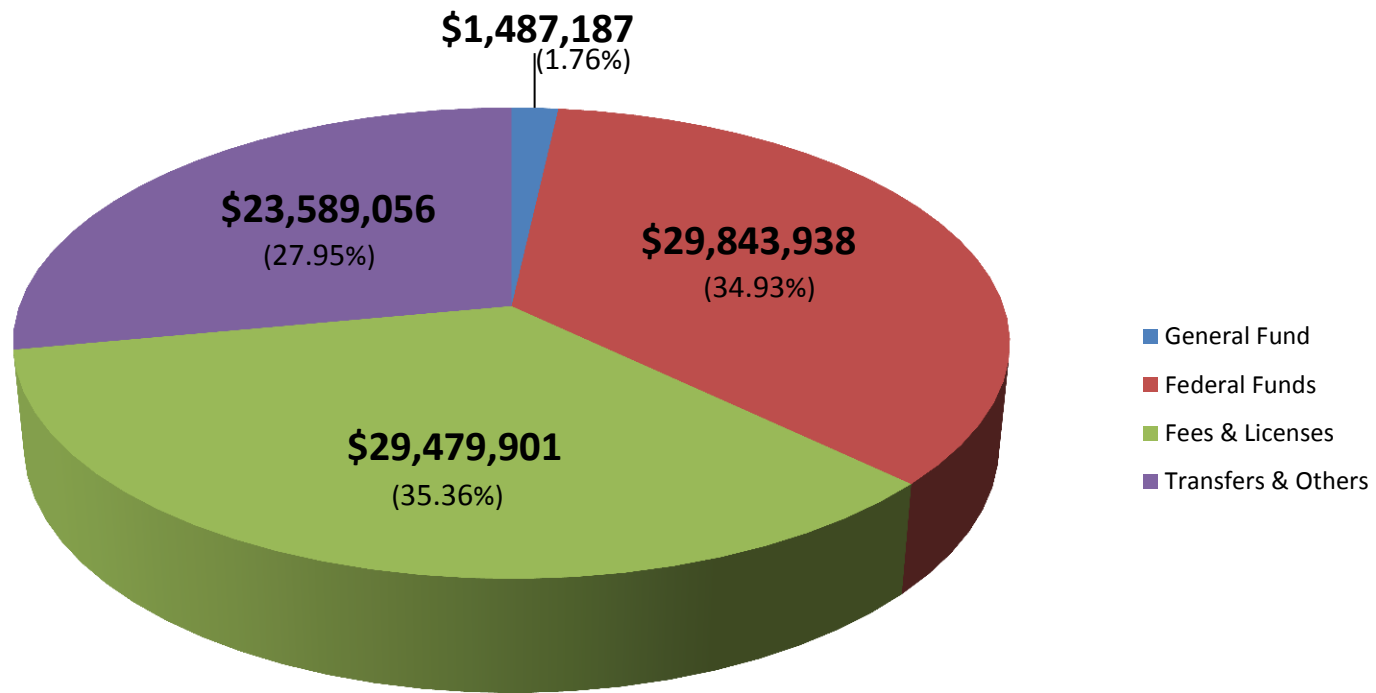
Community Health Services Budget Accounts

Budget Code	Description
3153	Cancer Control Registry
3170	Substance Abuse Prevention & Treatment (SAPTA)
3194	Consumer Health Protection
3213	Immunization Program
3214	Women, Infants and Children (WIC)
3215	Communicable Diseases
3219	Biostatistics and Epidemiology
3220	Chronic Disease
3222	Maternal Child Health (MCH)
3255	Alcohol Tax Program

Regulatory & Planning Services

These programs: improve Nevada's public health infrastructure in order to be better prepared to respond to public health emergencies; bring medical resources to the state's health professional shortage areas; license, regulate and inspect health facilities and child care facilities; provide for the registration and permanent custodianship of birth and death records in the state; and review and process Certificate of Need applications. In addition, the Primary Care Office works to improve access to health care under the Affordable Care Act, and the Radiation Control program regulates radioactive materials. Finally, the Nevada Marijuana Cardholder Registry issues individual medical marijuana cards and Medical Marijuana Establishment program evaluates and regulates medical marijuana dispensaries and other medical marijuana establishments.

Regulatory & Planning Services Funding Sources 2014-15



Total Funding: \$84,400,082

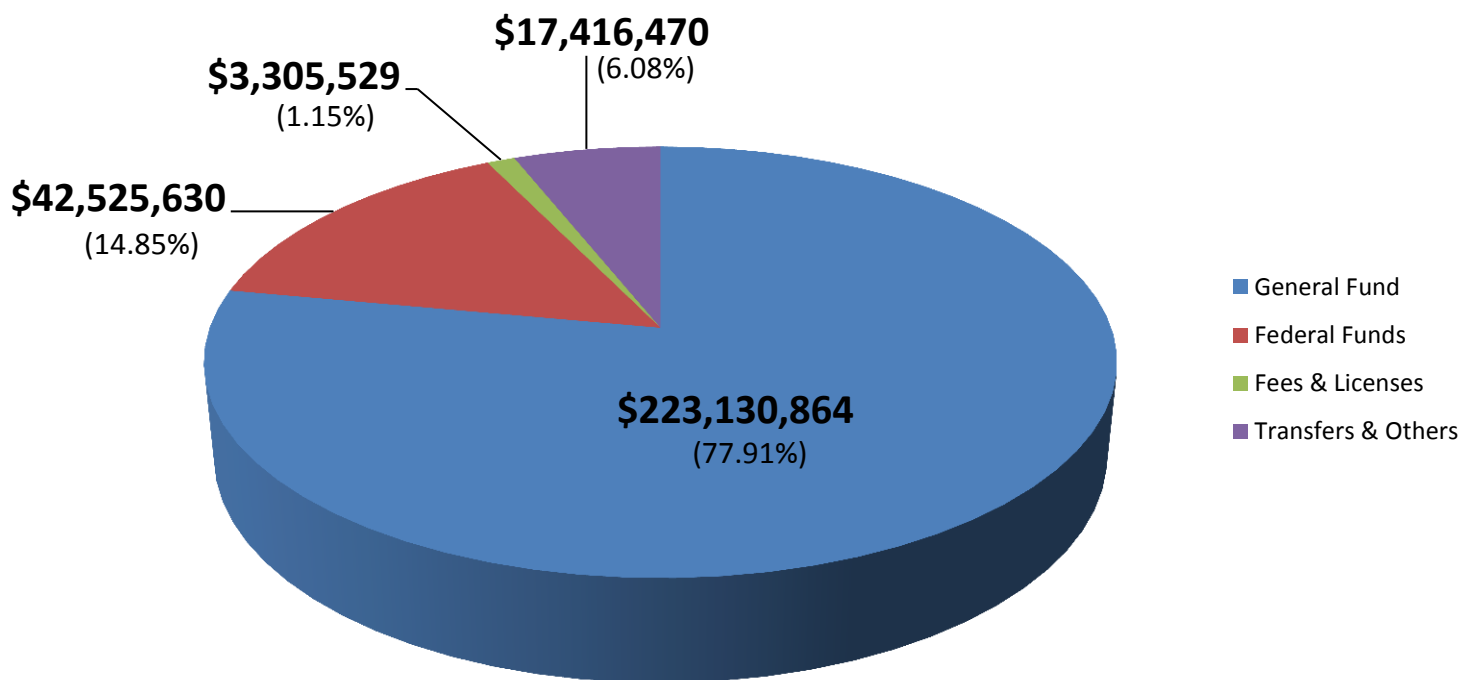
Regulatory & Planning Budget Accounts

Budget Code	Description
3101	Radiation Control
3149	Child Care Licensing
3152	Radioactive Waste Fund
3190	Health Statistics and Planning
3216	Health Facilities Hospital Licensing
3217	Health Facilities Admin Penalty
3218	Public Health Preparedness Program
3235	Emergency Medical Services
4547	Marijuana Health Registry

Clinical Services

The mental health agencies provide a safety net of services and programs, designed to assist those coping with mental illness. Services include hospitalization, Forensic assessment and hospitalization, Rural Outpatient Clinical Services and Urban Outpatient Clinical services. In addition Clinical services includes mental health oversight, information management, central office fiscal support, personnel services, centralized billing unit, and grants management.

Clinical Services Funding Sources 2014-15



Total Funding: \$286,378,493



Clinical Services Budget Accounts

Budget Code	Description
3161	Southern Nevada Adult Mental Health Services (SNAMHS)
3162	Northern Nevada Adult Mental Health Services (NNAMHS)
3224	Public Health and Clinical Services
3645	Facility for the Mental Offender (Lakes Crossing)
3648	Rural Counseling and Supportive Services (RCSS)

Southern Nevada Adult Mental Health Services

- ❑ Southern Nevada Adult Mental Health Services (SNAMHS) is a behavioral health service delivery system that includes inpatient and outpatient services serving Southern Nevada.
- ❑ SNAMHS has three hospital buildings on the West Charleston campus with 211 staffed beds. Staffing for an additional 63 beds has been requested:
 - Rawson Neal Hospital Building (190 beds)
 - Hospital Building 3A (21 beds)
 - Stein Hospital Building (Proposed to have 47 forensic beds and 16 civil beds)
- ❑ SNAMHS has three urban and two rural outpatient clinics in Southern Nevada.

Northern Nevada Adult Mental Health Services

- ❑ Northern Nevada Adult Mental Health Services (NNAMHS) is a behavioral health service delivery system that includes inpatient and outpatient services serving Northern Nevada.
- ❑ NNAMHS has one hospital building on campus, Dini-Townsend with 30 beds. In addition, two (20 bed) units are being used as Lake's Crossing Annex.
- ❑ NNAMHS has one urban outpatient clinic.



Clinical Services Programs

■ MEDICATION CLINIC

The Medication Clinic is the foundation service for most mental health consumers, providing medication management for more than 8,000 individuals in Southern Nevada who are living in the community and managing mental illness. Timely access to medication services is vital to engaging individuals in services and maintaining adherence to treatment.

FY14 Average Caseload SNAMHS: 8,196 clients

FY14 Average Caseload NNAMHS: 3,402 clients

■ RESIDENTIAL SERVICES

Residential services are critical supports that reduce the use of local emergency rooms and law enforcement resources while also reducing homelessness. Maintaining a stable place to live is a vital support to people experiencing severe mental illness. Housing and related services are provided by community service providers.

FY14 Average Caseload SNAMHS: 920 clients

FY14 Average Caseload NNAMHS: 357 clients



Clinical Services Programs (Continued)

■ **PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT (PACT)**

This is an Evidence Based Practice (EBP) intensive outpatient program. Sometimes described as a hospital without walls, this service provides intensive support and treatment to people with mental illness who have a history of high use of emergency, hospital and law enforcement services.

FY14 Average Caseload (SNAMHS): 82 clients

FY14 Average Caseload (NNAMHS): 86 clients

■ **MOBILE OUTREACH SAFETY TEAM (MOST)**

MOST is a specialized program staffed with two Licensed Clinical Social Workers from NNAMHS, in collaboration with local law enforcement agencies (Reno, Sparks, and Washoe County) to offer psychiatric services to homeless mentally ill and those with mental illness who bring themselves to the attention of law enforcement. This program helps prevent increasing numbers of mentally ill from being housed in the jail and assists with enrolling them in appropriate services.

Clinical Services Programs (Continued)

■ **MENTAL HEALTH COURT**

Mental Health Court is a collaboration between Mental Health and the Criminal Justice system. This program provides opportunity for people with criminal charges who would benefit from psychiatric treatment to be diverted from the standard criminal justice system if they participate in treatment. It is a service coordination model with caseload size of 1/25, ensuring consumers obtain benefits, comply with court ordered treatment, medication and substance abuse recovery.

FY14 Average Caseload (SNAMHS): 78 clients

FY14 Average Caseload (NNAMHS): 184 clients

FY14 Average Caseload (Rural Services): 33 clients

■ **PSYCHIATRIC ASSESSMENT SERVICE (PAS)**

The PAS is the entry point to community services. Consumers are evaluated and referred to appropriate services, either at Northern Nevada Adult Mental Health Services or in the community. The Assessment Center provides valuable evaluation of clients that can be used by other providers and occasionally the court system.

FY14 Average Caseload (SNAMHS): 1,620 contacts/services

FY14 Average Caseload (NNAMHS): 478 contacts/services



Clinical Services Programs (Continued)

■ **PSYCHIATRIC ASSESSMENT SERVICE (PAS)**

The PAS is the entry point to community services. Consumers are evaluated and referred to appropriate services, either at Northern Nevada Adult Mental Health Services or in the community. The Assessment Center provides valuable evaluation of clients that can be used by other providers and occasionally the court system.

FY14 Average Caseload (SNAMHS): 1,620 contacts/services

FY14 Average Caseload (NNAMHS): 478 contacts/services

Rural Community Health Services

Rural Community Health Services (RCHS) incorporates two programs under two different budget accounts: 3648-Rural Counseling and Supportive Services (RCSS) and 3224-Community Health Services. RCHS serves individuals of all ages and income levels in 27 clinics. There are 13 behavioral health centers, 13 community health clinics and one co-located integrated care center. As an agency, RCHS provides behavioral health and/or community health nursing services to approximately 3,700 individuals per month across 95,000 square miles in Nevada's rural communities.

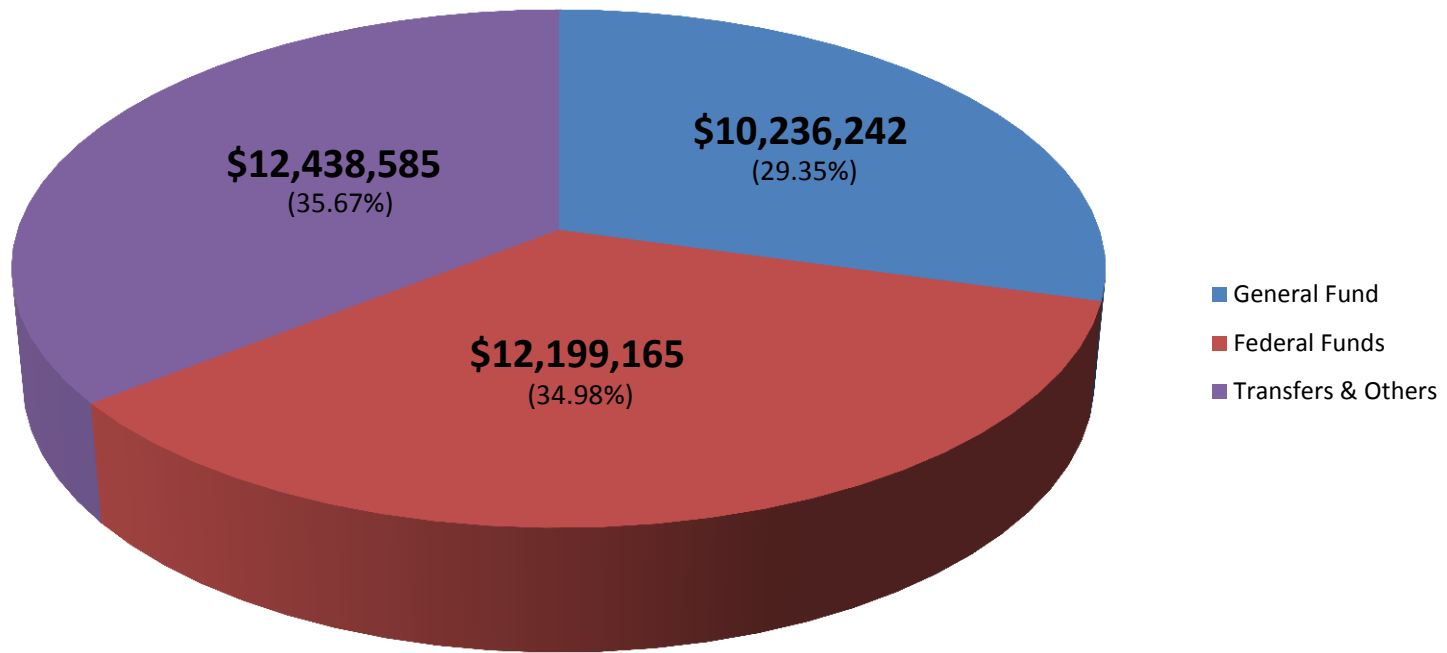
Lake's Crossing Center

Lake's Crossing Center is the State of Nevada's only forensic mental health facility at the present time. It is on a campus located in Sparks, Nevada. The facility has 86 beds inpatient with 240 admissions per year and serves outpatients annually for evaluation and treatment. The primary mission of the facility is to provide restoration to competency to stand trial services to all 17 counties in the state and complete forensic evaluations for the courts. The court also commits individuals to Lake's Crossing Center who are found Not Guilty by Reason of Insanity (NGRI) and also who are not restorable and unusually dangerous. These patients may be committed for up to ten years or the length of time they would have served if convicted of their charges. NGRI clients may be committed indefinitely until they qualify for conditional release to the community. The facility has 112 positions currently.

Administrative Services

The Administrative Services unit is responsible for supporting the Division with its fiscal, technology and human resource needs. The fiscal unit is responsible for oversight of all PBH budget accounts, accounting activities and contract services. The Office of Informatics and Technology unit is responsible for providing vital IT support and network security across the functional lines for integrating operations and the Human Resources unit is responsible for all personnel related activities for approximately 1,635 staff.

Administrative Services Funding Sources 2014-15



Total Funding: \$34,873,992



Administrative Services Budget Accounts

Budget Code	Description
3164	Mental Health Information Systems
3168	Mental Health Administration
3223	Office of Health Administration

Policy Bill Draft Requests (BDRs)

BDR #	Program/Division	Title	Concept
15A4061020	Public Health Preparedness (PHP) Program	Remove CAP on J-1 Physician Visa Waiver Application Fees	Remove cap for J-1 Physician Visa Waiver application fee to allow for adequate funding for staff processing and program oversight. The current fee of \$500 does not cover staff costs for operating the program. Removing the cap and establishing appropriate fees through the regulatory process will provide more flexibility to manage the fees into the future.
15A4061041	SAPTA/HCQC	Changes for Alcohol and Drug Abuse Facilities	This measure seeks to change the authority to adopt regulations from the Division to the State Board of Health.
15A4061054	Lakes Crossing/Southern Nevada Adult Mental Health Services (SNAMHS)/ Northern Nevada Adult Mental Health Services (NNAMHS)	Interstate Compact	Nevada will adopt statutory processes for cooperation with other states for proper and expeditious treatment of persons with mental illness and/or intellectual disabilities in institutional care settings.
15A4061060	Cancer Control Registry/Radiation Control/Radiological Material Disposal	Cancer Registry: Use of Mammography Machines	Two changes to NRS 457 are being requested: 1) The Nevada Central Cancer Registry (NCCR), in collaboration with the Nevada Cancer Coalition and healthcare providers, are requesting to revise Nevada Revised Statutes (NRS) 457.230 - 457.280. This section has not been updated since 2003 and there have been several major programmatic and national changes to reporting that need to be reflected. In addition to updating the language, NCCR is requesting to revise the fee and penalty requirements. There needs to be a better mechanism to collect fines from non-reporters and remove fees charged to reporting facilities that complete their own abstraction. 2) To address a request of the regulated community, the Division is seeking to amend NRS 457.184 to allow the use of mammography machines in other diagnostic and therapeutic procedures.
15A4061061	Biostatistics and Epidemiology	Youth Risk Behavior Surveillance Survey (YRBS)	Currently there is no statute that dictates which type of parental permission the county/school district must secure to conduct the Youth Risk Behavior Surveillance survey for Nevada. Therefore, Nevada operates under both active and passive permission, and it varies by county. This is a problem because having some counties require active permission and some require passive permission has resulted in an increase in staff time in order to try to increase response rates among school districts that use active permission. It also affects response rates.
15A4061076	Medical Marijuana	Revision to NRS 453A.740	Present language in NRS 453A.740 requires the Division of Public and Behavioral Health to work in cooperation with the DMV to cause medical marijuana registry identification cards to be prepared and issued. This language has been interpreted as being restrictive and not allowing the Division, if it chose to do so, to print the cards for medical marijuana cardholders and caregivers.
15A4061093	Lakes Crossing	Language Revision to NRS 178.400	The charges that make defendants eligible for a 178.461 long term commitment need to be limited to only the most egregious offenses. All charges that are currently included in the statute need to be deleted except Murder and Sexual Assault. This change will eliminate inappropriate commitments of individuals who can be managed in lesser restrictive environments. Finally, language in NRS 178.463, section 3 shall be modified to read "the court finds by clear and convincing evidence that the person is not a danger to himself or herself or others." The language "no longer has a mental disorder" should be deleted because this is not a possible status to achieve in most cases even though the person is no longer dangerous.
15A4061099	Northern Nevada Adult Mental Health Services (NNAMHS)	Authorize a Process for Decertification	Amend NRS 433A.200 to expand the practitioners that may file a petition for involuntary court-ordered admission of a person. In addition to the existing practitioners authorized in NRS 433A.200, add a physician assistant licensed pursuant to NRS Chapter 630 or Chapter 633 of the NRS and a nurse practitioner licensed pursuant to Chapter 632 of the NRS. Add a new section to NRS Chapter 433A to allow for decertification of a person who has had a petition initiated for involuntary court-ordered admission.

Fiscal Bill Draft Requests (BDRs)

BDR #	Program/Division	Title	Concept
15A4061040	Health Care Quality Compliance (HCQC)	Changes to NRS 458	By virtue of its definition, NRS 449.00455 only allows the Division of Public and Behavioral Health to license alcohol and drug abuse facilities that are funded by the Division's Substance Abuse and Treatment Agency. This measure seeks to require all alcohol and drug abuse facilities that meet the definition in NRS 449.00455 to be licensed by the Division.
15A4061042	Health Care Quality Compliance (HCQC)	Peer Support Recovery Organizations	In 2013 the Nevada Division of Public and Behavioral Health applied for, and received, a Bringing Recovery Supports to Scale Technical Assistance Center (BRSS TAC) Award from the Substance Abuse and Mental Health Services Administration (SAMHSA), to assist in developing a mental health, addictions and co-occurring Peer Support Specialist Program and Initiative in Nevada. This award supported the formulation of a statewide Peer Support Academy Team, that helped to develop a statewide Peer Support Strategic Plan. As its priorities, the Nevada Peer Support Academy team focused on developing a 40-hour training curriculum, with the ultimate goal of creating workforce opportunities helping Peers or organizations that employ them to attain Medicaid providership status. The Academy Team also identified as a priorities Peer Certification (or some type of credentialing or licensure) and the development of a Statewide Peer Leadership Council and Certification of Peers. In conclusion, the Division has identified the need to move forward a BDR in order to create Peer Support Recovery Organizations to employ trained Peer Supporters, who will provide peer support services. Those benefiting from these initiatives are persons having mental illness, addictions or co-occurring disorders in Nevada, as well as the general public, as licensing assurances and oversight will be in place.
15A4061045	Health Care Quality Compliance (HCQC)	Community Health Worker (CHW) Pool	Nevada faces several state-specific barriers that impede access to healthcare, including the cost associated with care, geographic disparities, health professional shortages, and social determinants such as language barriers, lower educational attainment and lower income status (refer to CHW Policy Paper for more information). CHWs are considered an evidence-based model to improve access to health care, increase education and awareness, prevent disease and improve select health outcomes among the populations in which they reside. CHWs are specifically outlined in the Health and Human Services (HHS) Health Disparities Plan/National Partnership for Action as a way to strengthen the nation's HHS infrastructure and workforce, and better-coordinate approaches to delivering preventive services, health education and promotion. Other states have already invested in the infrastructure to set up CHW models. For example, in 2007, Minnesota successfully passed enabling legislation as part of a larger health reform plan aimed at improving health and controlling cost. A year later, the state secured a State Plan Amendment to directly reimburse CHWs under their Medicaid program. The Minnesota program covers CHWs services for all Medicaid and Minnesota Care enrollees by specifically defining requirement for CHW providers and the services they provide. In order for Nevada to build similar processes for the CHW model, oversight and certification is needed of this workforce.